

# ROUTING RECORD

DATE	FROM	TO	ACTION
DEC 2 2010	RGC	CSB	c/o
3/2/11	CSB	RGC	APPROVE c/o
MAR 9 2011	RGC	R/S	G12359

REFERENCE TO OTHER APCD RECORDS INCLUDING VARIANCES

APPL # 516024  
I.D. # 166073

BETA OFF SHORE  
OCS LEASE PARCELS P300/P301  
HUNTINGTON BEACH  
~~CRUDE OIL & NAT GAS PRODUCTION~~

Date: 11/02/10

Emerg. S CE

See the lead AIN 516016



South Coast Air Quality Management District

**Form 400-CO****Application For Change Of Operator**Mail Application To:  
SCAQMD  
P.O. Box 4944  
Diamond Bar, CA 91765Tel: (909) 396-3385  
**www.aqmd.gov****Note:** A Change Of Operator Permit can only be issued if **BOTH** of the following conditions apply:

- ➔ ① The existing permit is still **active** or can be **reinstated** to an active status; AND  
② The equipment is operated at the same location as listed in the existing permit.

**Section A: Previous Operator's Information**1. Business Name of Operator **As It Appears** on the Permit:

Pacific Energy Resources, Ltd.

2. Current AQMD Facility ID#. (Available on Permit or Invoice issued by AQMD):

151178 **160073****Section B: New Operator's Information**3. Business Name of Operator **As It Should Appear** on the Permit:

Beta Offshore

4. Owner's Business Name (If different from Business Name of Operator):

**Section C: Equipment Location Address**

5. Equipment Site Location Address:

(For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site)

OCS Lease Parcels P300/P301 (Federal Waters)

Street Address

City: \_\_\_\_\_ CA, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: ☐ Los Angeles ☐ Orange ☐ San Bernardino ☐ Riverside

Contact Name: Marina Robertson

Contact Title: HSE Manager Phone: (562) 628-1526

Fax: (562) 628-1536 E-Mail: mrobertson@betaoffshore.c

**Section D: Permit Mailing Address**

6. Permit and Correspondence Information:

☐ Check here if same as equipment location address

111 West Ocean Blvd., Ste. 1240

Street Address

City: Long Beach CA 90802  
State Zip Code

Contact Name: Marina Robertson

Contact Title: HSE Manager Phone: (562) 628-1526

Fax: (562) 628-1536 E-Mail: mrobertson@betaoffshore.c

**Section E: Facility Business Information**

7. What business is conducted at this equipment site location?

Crude Oil and Natural Gas Production

8. What is your primary NAICS Code (North American Industrial Classification System)?

211111

9. Are you a small business as per AQMD's Rule 102 definition (10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center)? ☒ No ☐ Yes**Section F: Information on Permit to be Transferred to New Operator**10. Is this Change of Operator a full or partial transfer of all active permits? ☒ Full ☐ Partial**FOR NON-RECLAIM APPLICATION**

11. Application number:

12. Permit Number:

(Please attach a copy)

**FOR RECLAIM APPLICATION**RECLAIM Application No: **466177/F91741**

13. For RECLAIM Facilities:

Also submit Form 2007-1, Form 2007-2 and if applicable, Form 2007-3, together with a separate filing fee for the transfer of RTC's as per Rule 301(0)(9).

Device number or range of device numbers for the permitted item: **D80**

Please be advised that you are applying to take over the operation of all or part of a RECLAIM facility and if any previous Facility Permit holder is found to have violated AQMD Rule 2004(d) - Prohibition of Emissions in Excess of Annual Allocation, during time periods prior to this change of operator, your facility Allocation will be reduced by the amount of excess emissions, as provided under Rule 2010(b)(1).

**Section G: Signature and Authorization for Change of Operator**

I HEREBY AGREE TO TRANSFER OWNERSHIP OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.

Previous Operator

14. Signature of Responsible Official: *[Signature]*16. Date: **5-14-10**

15. Title of Signer: VP and Manager of Beta Operations

17. Phone: (562) 628-1526

New Operator

18. Signature of Responsible Official: *[Signature]*20. Date: **5-17-10**

19. Title of Signer: Executive VP and Chief Optg Officer

21. Phone: (562) 628-1526

**Checklist**

- ☒ Form signed?  
☒ Payment attached?  
☒ Copy of existing permit attached? *no 11/24/10*

AQMD USE ONLY		APPLICATION TRACKING		EQUIPMENT CATEGORY CODE		FEE SCHEDULE		VALIDATION	
ENG.	A	ENG.	A	CLASS	ASSIGNMENT	CHECK/MONEY ORDER	AMOUNT	Tracking #	
DATE	11-27-11	DATE	5-16-10	CLASS	Unit D Engineer CSB	# 22/20	151790436	90903	11/28/10

S.C.A.Q.M.D.  
ENGINEERING

10 NOV -4 08:37 10 JUL 28 11:10

S.C.A.Q.M.D.  
PERMIT PROCESSING

S.C.A.Q.M.D.  
ENGINEERING

10 NOV 24 110:55

S.C.A.Q.M.D.  
REVENUE RECEIVING  
10 NOV 23 110:38

## SCAQMD PERMIT PROCESSING SYSTEM (PPS)

## FEE DATA - SUMMARY SHEET

Application No : 516024

Previous Application No: 466177

IRS/SS No:

Previous Permit No: F91741

Company Name : BETA OFF SHORE

Facility ID: 166073

Equipment Street: OCS LEASE PARCELS P300/P301, HUNTINGTON BEACH CA 92648

Equipment Desc: I C E (50-500 HP) EM ELEC GEN-DIESEL

Equipment Type : BASIC

Fee Charged by: B-CAT

B-CAT NO. : 043901

C-CAT NO: 00

Fee Schedule: B

Facility Zone : 18

Deemed Compl. Date: 12/2/2010

Public Notice: NO

Evaluation Type : CHANGE OF OPERATOR (PO)

Small Business: ☐

Disposition : Approve PO, Recommended by Engineer

Higher Fees for Failing  
to Obtain a Permit: ☐

Lead Appl. No :

Identical Permit Unit: ☐

Air quality Analysis		\$0.00	Filing Fee Paid:	\$0.00
E.I.R		\$0.00	Permit Processing Fee Paid:	\$501.26
Health Risk Assessment		\$0.00	Permit Processing Fee Calculated*:	\$501.26
Significant Project		\$0.00	Permit Processing Fee Adjustment:	\$0.00
Expedited Processing	Hours: 0.00	\$0.00		
Source Test Review	Hours: 0.00	\$0.00		
Time & Material	Hours: 0.00	\$0.00		
			Total Additional Fee:	\$0.00
			Additional Charge:	\$0.00

## COMMENTS:

RECOMMENDED BY: C S BHATT

DATE: 02/17/2011

MAR 9 2011

REVIEWED BY:

DATE:

\* ADJUSTED FOR SMALL BUSINESS, IDENTICAL EQUIPMENT AND P/O NO P/C PENALTY

## SCAQMD PERMIT PROCESSING SYSTEM (PPS)

## AEIS DATA SHEET

Company Name : BETA OFF SHORE

Facility ID : 166073

Equipment Address : OCS LEASE PARCELS P300/P301

HUNTINGTON BEACH CA 92648

Application Number : 516024

Equipment B-Cat : 043901

Estimated Completion Date : 02/17/11

Equipment C-Cat :

Equipment Type : Basic

Equipment Description : I C E (50-500 HP) EM ELEC GEN-DIESEL

Emittants	Emissions	
	R1 LB/HR	R2 LB/HR
CO	0.01	0.01
NOX	0.04	0.04
PM10	0.01	0.01
ROG	0.01	0.01
SOX	0.13	0.13

## Applicable Rules

1110.2	07/09/2010	Emissions from Gaseous-and Liquid-fueled Engines
1171	05/01/2009	Solvent Cleaning Operations
1173	02/06/2009	Fugitive Emissions of VOC
1183	03/12/1993	Outer Continental Shelf (OCS) Air Regulations
2001	05/06/2005	Applicability (RECLAIM)
2002	01/07/2005	Allocations for NOx and SOx (RECLAIM)
2004	04/06/2007	Requirements
2005	05/06/2005	New Source Review for RECLAIM
2012	05/06/2005	Requirements of MRR for NOx Emissions (RECLAIM)
401	11/09/2001	Visible Emissions
402	05/07/1976	Nuisance
404	02/07/1986	Particulate Matter - Concentration
431.2	09/15/2000	Sulfur Content of Liquid Fuels

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Daily Start Times :	08:00	00:00	00:00	00:00	00:00	00:00	00:00
Daily Stop Times :	09:00	00:00	00:00	00:00	00:00	00:00	00:00

User's Initials : CB05

Date: 02/17/11

Supervisor's Name :

Review Date : / /

## NSR DATA SUMMARY SHEET

Application No: 516024  
Application Type: Change of Ownership  
Application Status: PENDAPPRV  
Previous Apps, Dev, Permit #: 466177, 0 - , , NONE

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Company Name: BETA OFF SHORE  
Company ID: 166073  
Address: OCS. LEASE PARCELS P300/P301, HUNTINGTON BEA  
RECLAIM: NOX  
RECLAIM Zone: 01  
Air Basin: SC  
Zone: 18  
Title V: NO

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Device ID: 0 -  
Estimated Completion Date:  
Heat Input Capacity: 0 Million BTU/hr  
Priority Reserve: NONE - No Priority Access Requested  
Recommended Disposition: 31 - PERMIT TO OPERATE GRANTED  
PR Expiration:  
School Within 1000 Feet: NO  
Operating Weeks Per Year: 13  
Operating Days Per Week: 1  
Monday Operating Hours: 08:00 to 09:00  
Tuesday Operating Hours: 00:00 to 00:00  
Wednesday Operating Hours: 00:00 to 00:00  
Thursday Operating Hours: 00:00 to 00:00  
Friday Operating Hours: 00:00 to 00:00  
Saturday Operating Hours: 00:00 to 00:00  
Sunday Operating Hours: 00:00 to 00:00

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Emittant: CO  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 0.13 lbs/yr  
District Exemption: None

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Emittant: NOX  
BACT:  
Cost Effectiveness: NO  
Source Type: MAJOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.04 lbs/hr  
Max Daily: 0.04 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.04 lbs/hr  
Max Daily: 0.04 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 0.52 lbs/yr  
District Exemption: None

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Emittant: PM10  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 0.13 lbs/yr  
District Exemption: None

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Emittant: ROG  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.01 lbs/hr  
Max Daily: 0.01 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 0.13 lbs/yr  
District Exemption: None

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Emittant: SOX  
BACT:  
Cost Effectiveness: NO  
Source Type: MINOR  
Emis Increase: 0  
Modeling: N/A  
Public Notice: N/A  
CONTROLLED EMISSION  
Max Hourly: 0.13 lbs/hr  
Max Daily: 0.13 lbs/day  
UNCONTROLLED EMISSION  
Max Hourly: 0.13 lbs/hr  
Max Daily: 0.13 lbs/day  
CURRENT EMISSION  
BACT 30 days Avg: 0 lbs/day  
Annual Emission: 1.69 lbs/yr  
District Exemption: None

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SUPERVISOR'S APPROVAL: \_\_\_\_\_ SUPERVISOR'S REVIEW DATE: \_\_\_\_\_

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Processed By: chandrab 2/23/2011 11:19:32 AM